

CLAIMS ONLY							Application Number: <span style="font-size: 1.2em;">0111380</span>	Filing Date:				
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep												
Total Depend												
Total Claims												

Filing Date

Applicant(s)

\* May be used for additional claims or amendments